



ANNUAL CERTIFICATION RENEWAL

Safety Consultant / Safety Engineer

Re-certification is required annually. Proof of one Continuing Education Unit (ten contact hours of safety related instruction) is required to be submitted upon application for renewal. A certificate or written notice on the organization's letterhead is acceptable. The content of the course should be related to occupational safety and health such as Environmental Health and Safety, Safety Program Administration and Management, General Occupational Safety and Health, Transportation Safety, Industrial Safety, Safety Engineering and Applied Science, etc. The Missouri Workers' Safety Program reserves the right to contact the organization to verify the information provided.

PART I: PERSONAL INFORMATION

APPLICATION FOR: <input type="checkbox"/> Safety Engineer <input type="checkbox"/> Safety Consultant		DATE
NAME		PRESENT EMPLOYER
DATE OF BIRTH	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female	TITLE OF POSITION
HOME ADDRESS <i>(Street, City, State, Zip)</i>		BUSINESS ADDRESS <i>(Street, City, State, Zip)</i>
HOME PHONE		BUSINESS PHONE
FAX	E-MAIL	
Do you prefer to receive correspondence at: <input type="checkbox"/> Home <input type="checkbox"/> Work		
Have you been a defendant in a civil suit involving your professional activity or conduct? <input type="checkbox"/> Yes <input type="checkbox"/> No		If "Yes," you must provide a certified copy of the judgment. If the case is not final, you must provide a certified copy of the complaint and the clerk's docket sheet.
Upon certification, your name will be placed on the Missouri Registry of Safety Professionals. The Registry is available upon request to any Missouri employer. Employers will often use the Registry as a resource when seeking consultation services. Do you wish to be identified as an available consultant/engineer? <div style="text-align: center;"><input type="checkbox"/> Yes <input type="checkbox"/> No</div>		

PART II: PROFESSIONAL REGISTRATION OR CERTIFICATION

Please indicate in the space below any changes, additions or alterations to previously reported professional registration or certification.

PART III: OCCUPATIONAL SAFETY AND HEALTH EXPERIENCE

Please provide in the space below any changes in your safety related job duties.

If you indicated on this application that you wish to be identified as being available for independent consultation, please indicate your areas of expertise.

If you have provided services as an independent consultant / engineer during the past year, please list below the number of employers you have assisted and the types of services you have provided.

I certify that the statements above, including any attachments submitted, are accurate to the best of my knowledge. I hereby authorize the Missouri Workers' Safety Program to verify any information submitted. I understand that any falsification of information in the application, or statements, may be cause for rejection or withdrawal of certification. I agree to hold the Missouri Workers' Safety Program harmless from any and all liability in the event this application is rejected on the basis of information furnished to the Missouri Workers' Safety Program by me or third persons which would, in the judgment of the Missouri Workers' Safety Program, make me ineligible for certification.

SIGNATURE

SOCIAL SECURITY NUMBER

DATE

Notary Seal

Notary Signature _____

SIGNATURE MUST BE NOTARIZED